

## **DISTRICT OF COLUMBIA SECTION 1115 DEMONSTRATION**

### **FACT SHEET**

<b>Name of Section 1115 Demonstration:</b>	<b>District of Columbia 1115 for Childless Adults</b>
<b>Date Proposal Submitted:</b>	<b>October 23, 1998</b>
<b>Date Revised Proposal Submitted:</b>	<b>November 3, 1999</b>
<b>Date Proposal Approved:</b>	<b>March 7, 2002</b>
<b>Date Implemented:</b>	<b>February 3, 2003</b>

### **SUMMARY**

The District of Columbia has received approval to implement a Medicaid Section 1115 demonstration for a five-year period designed to provide primary and preventive health care services to non-disabled adults, between the ages of 50 to 64, with incomes at or below 50% of the Federal poverty level (FPL), who are not custodial parents or resident care takers of children under the age of 19 (i.e., childless adults). This group was selected because its members exhibit a comparatively poorer health status indicating a greater need for health services; its members have high rates of inpatient hospitalizations for ambulatory sensitive conditions; and because characteristics of the group provide substantial research potential.

The District expects to initially serve approximately 1,200 beneficiaries, at a cost of \$4.2 million (Federal share) in FY 2002. Total program costs over a five-year period (2002 through 2006) are approximately \$22.4 million (Federal share).

### **ELIGIBILITY**

Participants eligible for the demonstration population will be adults who are at least 50 years of age and have not yet reached 65 years of age, with income at or below 50 percent FPL. Persons must be residents of the District of Columbia. There will be no assets test.

### **BENEFIT PACKAGE**

This demonstration will use the same benefit package as the District's current Medicaid section 1915(b) managed care waiver program, which includes inpatient, outpatient, and ambulatory medical and surgical services; home health services; hospice services; physical, occupational, and speech therapies; dental services; prescription services; and transportation services.

### **ENROLLMENT**

Enrollment is mandatory. Enrollment choice counselors will assist members with health plan selection. Upon notification of the requirement to select a health plan, persons in the expanded coverage groups will have 45 days to make a proactive selection of a health plan prior to being

assigned to one of the plans. The enrollment process is handled through a private contractor, Benova Inc. Their duties include: performing outreach to locate and assist new Managed Care Program enrollees in selecting an HMO; operating the enrollment and complaint telephone hotline; printing and mailing enrollment materials; and entering all enrollment choices into the Medicaid Management Information System (MMIS).

### **DELIVERY SYSTEM**

This demonstration will use the same delivery system as the District's current Medicaid section 1915(b) managed care waiver program. All newly eligible individuals will be required to join one of the health plans contracting with the District under the existing 1915(b) waiver. The five plans that the District currently contracts with include:

- Advantage Health Plan, Inc.
- Capital Community Health Plan
- D.C. Chartered Health Plan, Inc.
- Health Right, Inc.
- Americaid

### **QUALITY ASSURANCE**

Quality Assurance processes include a contract with an external quality review organization (Delmarva Foundation); ongoing tracking and monitoring of enrollee complaints and health plan change requests (as conveyed by Benova Inc.); review of all required ongoing health plan reports; quarterly meetings with each health plan; member and provider satisfaction surveys; phone calls to providers (to schedule appointments) to assess access; maintaining a 24-hour complaint Helpline; and several other activities.

### **COST-SHARING**

There will be no premium contribution requirement and no patient copayments.